

Physician's/Practitioner's Certification Form (for Catastrophic Leave)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Patient's Name: _____
2. Diagnosis: _____

3. Date condition commenced: _____
4. Probable duration of condition: _____
5. Treatment prescribed (*indicate number of visits, general nature and duration of treatment, including referral to other providers of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.*) _____

6. Is inpatient hospitalization of the patient required? _____
7. If the patient is the employee, is the employee able to perform the functions of the employee's position? (*Answer after reviewing statement from employer of essential functions of employee's position, or if none provided, after discussing with employee.*) _____

8. If the answer to Question 7 is "No," is the employee able to perform work of any kind? When is the estimated time the employee will be able to perform the essential functions of his/her position? _____

9. If the patient is not the employee, does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety, or transportation? _____

10. If the patient is not the employee, is the employee's presence necessary or would it be beneficial for the care of the patient? _____

11. Estimate the period of time the care is needed or the employee's presence would be beneficial: _____

Physician/Practitioner Signature: _____ Date: _____
Printed/Typed Name of Physician/Practitioner: _____
Type of practice/field of specialization: _____